

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Character is Essential PAC (CIE PAC)		FEC IDENTIFICATION NUMBER ▼ C C00617050	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Voter Contact Strategies LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 24 / 2016		
Mailing Address 109 Hall Street			Amount 2500.00		
City Lexington	State OK	Zip Code 73051	Transaction ID : SE.4170		
Purpose of Expenditure Telephonic voter outreach		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 24 / 2016		
Name of Federal Candidate JAMES FREDERICK BRIDENSTINE			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> President <input type="checkbox"/> State: OK		
Calendar Year-To-Date Per Election for Office Sought 17250.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	2500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Christopher James Cavin

[Electronically Filed]

Date

MM / DD / YYYY
06 / 24 / 2016

Signature